

**City of Chicago
Department of Public Health
Request for Proposals (RFP)
for
Mental Health Community Services
RFP # DA-41-1005-1-2015-001**

Key Dates

Release date	January 26, 2015
Pre-Proposal Conference	February 2, 2015
Intent to Apply Form due	February 3, 2015
Application due	February 18, 2015
Contract start date	March 1, 2015

**All proposals must be addressed and delivered to:
Chicago Department of Public Health
DePaul Center—Room 200
333 South State Street
Chicago, Illinois 60604**

**PROPOSALS MUST BE RECEIVED NO LATER THAN 5:00 P.M. CENTRAL TIME
ON**

Wednesday, February 18, 2015

**PROPOSALS SUBMITTED AFTER THE DEADLINE WILL BE ACCEPTED,
BUT MAY NOT BE SCORED**

City of Chicago
Department of Public Health
Clinical Services Division

Rahm Emanuel
Mayor

Julie Morita, M.D.
Acting Commissioner

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Department of Public Health, Clinical Services Division
RFP # DA-41-1005-1-2015-001

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I. Program Authority

The Chicago Department of Public Health (CDPH) serves as the local health department for the City of Chicago. As such, CDPH plays a critical role in ensuring that safety net services are available to residents, particularly those who are un- or under-insured. CDPH's Commissioner has authority to engage in delegate agency agreements with private agencies to provide public health services on behalf of the department. In order to ensure that services provided by delegate agencies are high-quality, available throughout Chicago, and reach a reasonable number of residents, CDPH uses a Request for Proposals (RFP) to solicit applications from interested, qualified respondents. The applications submitted through the RFP process are then reviewed by a community review panel and recommendations for funding are made to the Commissioner of Public Health. Once decisions are finalized, contracts are executed with the selected delegate(s) by the Commissioner.

II. Background

Over the past several years, improving Chicago's overall mental health system has been a key priority for the Chicago Department of Public Health (CDPH). As part of these efforts, CDPH has made \$500,000 available every year for the past three years for community-based mental health agencies to provide psychiatry services to uninsured adults.

In 2015, the City of Chicago has increased funding for mental health delegates in the City's budget to \$750,000—a 50% increase compared to the previous three years. The increased investment comes at a time when the Affordable Care Act (ACA) is also providing insurance coverage for hundreds of thousands of Chicago's residents. This means that the amount of funding delegates require from CDPH to provide mental health services to uninsured residents is decreasing, as Medicaid or other insurances through the Marketplace can now act as the payer for these services.

The increased funding coupled with the transition of clients to the private market due to the ACA has allowed CDPH to maximize investments to strengthen Chicago's mental health systems through focusing on specific gaps in services and vulnerable populations. As such, CDPH will continue to make targeted investments in the mental health system to provide psychiatry services to the uninsured while also making investments in two new areas of need. The first is to provide discharge planning for mentally-ill residents being released from Cook County Jail so that these residents are properly-linked to ongoing mental health services in the community. The second area is an investment in outreach and engagement services for highly-vulnerable mentally-ill populations, including the homeless, so that these residents can receive appropriate mental health support.

Through both the continued and new investments, CDPH anticipates a stronger, more comprehensive mental health system for Chicago.

III. Eligibility Requirements for Respondents

In order to be eligible for these funds, a respondent must meet all the following criteria.

- Maintain certification as a Medicaid Mental Health Services Provider through the State of Illinois and meet all requirements to maintain status.
- Be located in the City of Chicago.
- Have at least 3 years of experience in providing direct mental health services to high-risk populations located in Chicago.
- Have the administrative, organizational, programmatic, and fiscal capability to plan, develop, implement, and evaluate the proposed project. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to sub-contract with a third-party fiscal

agent.

- Additional programmatic requirements are listed for some program categories.

In addition, Successful Respondents who are awarded contracts as a result of this RFP must complete the City's electronic Economic Disclosure Statement and Affidavit, accessible via the City's website, www.cityofchicago.org, and typing "Economic Disclosure Statement" in the search button. Successful Respondents must submit proof of insurance with their completed proposal. Successful Respondents will be required to name the City of Chicago as additional insured.

All providers must be able to track and report client level demographic, diagnoses, and various service data. All providers must comply with CDPH's data collection requirements. Failure to comply with data requirements can result in the termination of an agency's contract with the City of Chicago. Providers must ensure that project data are collected and shared only in a secure environment in compliance with the agreement and any applicable rules and regulations, including but not limited to the HIPAA and HITECH. HIPAA Business Associate Agreements will be established and authorizations for the release of information shall be obtained, if appropriate.

Subcontracts are allowable under this RFP, but must be described per the instructions in Section VIII.E., p. 14 and detailed in the budget. Memoranda of Understanding (MOU) for the partnership between lead agency and subcontractor for the proposed project must be attached.

All Respondents are strongly encouraged to complete an "Intent to Apply" form (see Appendix A) and submit it to Tiosha Goss at Tiosha.Goss@cityofchicago.org by January 23, 2015.

IV. Pre-Proposal Conference

An in-person Pre-Proposal Conference has been scheduled for this RFP. The purpose of the Pre-Proposal Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective respondents' questions. Organizations planning to submit a proposal for funding are strongly encouraged to participate in a Pre-Proposal Conference. The Pre-Proposal Conference will be held at the following location and date:

February 2, 2015 from 1:00 PM to 2:30 PM
Chicago Department of Public Health – Board Room
333 S. State Street – 2nd Floor, Chicago, IL 60606

V. Available Funding

A total of \$750,000 is available through this **RFP # DA-41-1005-1-2015-001** using 2015 City of Chicago funding. Awards will begin on March 1, 2015. It is anticipated that the initial term of the contract will be funded through December 31, 2015. Dependent upon available funding, this project may be extended up to two periods, each period not to exceed one year. Grant agreement extensions may be made by the City based on the availability of funds, the need to extend services, and the Respondent's performance.

In addition to the Evaluation Criteria applied by review panels for this RFP (see Section XI, p. 18), CDPH will base final awards and amounts funded on Successful Respondents' ability to provide adequate geographic and high-risk population coverage.

VI. Eligible Program Activities and Priorities

A. Service Categories

CDPH plans on funding three program categories under this RFP. Respondents applying for more than one Category must submit a separate and complete proposal for each category.

Category	Available Funding	Number of Awards	Average Award Amount
A. Engagement Services for Adults with Mental Illness being Released from Jail	\$250,000	1	\$200,000
B. Psychiatry Services for Uninsured Residents	\$250,000	3-6	\$40,000-\$75,000
C. Retention and Engagement Services for Vulnerable Populations	\$250,000	2	\$125,000

B. Funding Requirements and Priorities

Respondents funded under any of these categories are encouraged to coordinate and collaborate with other agencies, organizations, and providers that provide mental health services in Chicago.

When appropriate, respondents are expected to seek third-party reimbursement for services provided through your proposed program to insured, eligible residents. Organizations and subcontractors (if applicable) with the capacity to obtain reimbursement through public or private insurances should seek payment and use City dollars as the payer of last resort. Income generated through the proposed program must be documented and repurposed to add services that are not supported by the City of Chicago or another funding source.

Successful Respondents that receive funding through this RFP must be able to document how the additional funding will be used to expand services and not to supplant other funding sources. In situations where funding from another source is ending but the program is still needed and its activities align with the objectives of this RFP, an agency may seek funding from the City to continue those services and is not expected to expand services. All funding sources supporting an agency's proposed program must be identified within the proposed budget and must be reported on should your application be selected for funding.

In addition to applying for multiple, discrete categories, Respondents may apply to all three service categories and propose a cohesive program. Respondents who intend to propose to fulfill all three service categories under one program must provide in the application sound rationale for doing so based on the needs of the target populations and context for how the services will be coordinated among the categories. Please note: separate online applications for each service category are still required to be submitted.

VII. Category Descriptions & Performance Measures

Category A: Engagement Services for Adults with Mental Illness being Released from Jail

The objective of Category A is to ensure that 100% of Chicago residents with a diagnosed mental illness that are being released from Cook County Jail are linked to ongoing community based treatment and wraparound support services that address basic needs, such as housing, food, transportation, and benefits advocacy. The Successful Respondent does not need to perform 100% of the discharge plans itself but it must coordinate a system or schedule with other providers onsite at the County jail to ensure that proper discharges occur and there is a plan for addressing any existing or future gaps in coverage. Ultimately, Category A seeks to reduce re-incarceration rates of recently released Chicago residents that have a mental illness while improving their overall well-being.

Successful respondents funded under this Category are required to provide the following services:

Daily Discharge Planning Services. The Successful Respondent will work with Cook County Jail staff and other collaborating mental health providers to ensure that 100% of Chicago residents with a diagnosed mental illness who are being released from jail meet with a discharge planner before being released. Discharge planning should begin with a jail-based assessment of needs. The assessment should be individualized, targeting key areas including education; employment; housing; transportation; obtainment of identification; support network; mental, physical and substance use treatment. The initial assessment should occur within the first 72 hours of detainment at the jail or immediately prior to release (for individuals detained less than 72 hours). The agency will utilize the assessment(s) to formulate an individualized release plan that the inmate will maintain in his/her possession. The release plan will include the agency's contact information for the continuation of case management and community linkage post release, as well as strategies to build other supports, such as reunification with family members. The release plan will also include specific guidelines on how the inmate can access the following resources from the agency (or referral sources):

- Mental, Physical and Substance Abuse Treatment: The agency should assist the inmate with making all appropriate appointments prior to release (when the release date is known) or immediately following release (when the release date is not known).
- Education: Coordination with GED, college and trade schools for the initiation or continuation of educational goals. This will require collaboration with Cook County Educational Coordinators and onsite educational programs.
- Employment: Provision of vocational skills training while detained and post-release. The agency must provide an array of workshops to detainees in custody. Workshops will include resume writing, job interview preparation, fiscal responsibility seminars and etc.
- Basic Needs:
 - Transportation Assistance: because transportation often presents as a barrier to accessing treatment, the agency will be expected to provide public transportation vouchers or an alternative means for navigating commutes to and from referral locations.
 - Food: Assistance with accessing food assistance programs
 - Clothing
 - Housing: Assist the detainee with the identification of safe, affordable housing options.
 - Identification: Provide detainees with a state-issued identification card upon release or immediately following release.

Successful Respondents must develop program components that address ongoing support services needs and those individuals who are discharged from jail, but are not located for assessment upon discharge. To address these needs, other program activities may include, but are not limited to:

Ongoing Case Management and Retention in Care Services. Because release dates are rarely known in advance, the agency will be expected to have daily hours of operation where they will contact released individuals (as notified by Cook County Jail) to assist with the navigation of any barriers to following the release plan. Follow up will be expected to occur regularly to emphasize the individual's opportunities for success. The successful Respondent will provide case management services to ensure linkages to mental health and support services are successful. This includes ensuring individualized release plans for each client are followed and updated as needed; confirming linkages to any necessary support services are successful; and completing monthly follow-up meetings should be held with the inmate to determine if any changes are required. Follow-ups may occur over phone, in-person, or using other appropriate, documented methods. Other critical, follow-up elements to consider include, but are not limited to the items listed below.

- For clients who have not completed the scheduled mental health assessment or who prefer to receive services elsewhere, the Successful Respondent should identify additional service options for him/her that will result in a successful linkage to treatment services.
- For clients who are unable to be reached to confirm whether they completed the mental health assessment, the agency should contact the mental health provider where the assessment was scheduled to determine if it occurred.
- For clients that did not complete the mental assessment, then case finding should be pursued (see Case-Finding Services section below).
- For clients that completed the scheduled mental health assessment and the services were satisfactory, the Successful Respondent should confirm that an additional appointment was scheduled. The agency should confirm with both the client and the mental health provider that this second appointment was completed and subsequently that a minimum of one appointment every month occurs for six months.
- For clients who are in need of support services, such as housing, food, transportation, and insurance benefits, the Successful Respondent should confirm that referrals made to other service providers yield enrollment in or access to actual services, not just provide referrals or lists of resources.
- For clients who are eligible for insurance benefits, the agency should assist them in enrolling into an insurance plan.

Case-Finding Services. In instances when a client who was provided discharge services by the Successful Respondent cannot be located after he/she has been released, the Respondent will work with the client's parole officer to locate him/her. Case finding activities may include phone calls, in-person visits to the client's last known address, or other appropriate steps that do not compromise the safety of the delegate agency's staff. When a client is identified through case finding, the Successful Respondent will seek to link them to mental health services. If a client is not found (found meaning some sort of contact has been made and a plan has been developed to link him/her to mental health treatment) through these efforts within 14 days of the client's discharge date, the Respondent should notify CDPH and Cook County Jail for further assistance. All attempts to locate the client and due diligence must be formally documented.

Allowable direct expenses include:

- Staffing costs for case management services and other programmatic activities.
- Co-payments for patients who are 200% or below of the federal poverty line (Note: uninsured patients should not be charged a co-pay), up to five visits (Respondent should assist eligible clients in enrolling in insurance benefits. Services can be provided internally or externally.
- Medication co-pays for uninsured and underinsured patients.

- No more than 10% (or other %) of direct expenses may be for basic need services, including transportation and temporary housing (Note: clients at risk for homelessness should also be linked with permanent or long-term housing solutions).

Performance Measures

Successful respondents are expected to propose anticipated outcomes in order to meet the following performance measures:

- Proposed number of unduplicated clients exiting Cook County Jail with mental illness that will receive screening for service needs, discharge planning and linkage to care services within 72 hours of discharge.
- Target percentage of proposed number of unduplicated clients exiting Cook County Jail with mental illness to receive screening for service needs, discharge planning and linkage to care services within 72 hours of discharge.
- Target percentage of clients to receive an individualized release plan that is based upon the service needs screening.
- Target percentage of clients discharged to complete an initial mental health assessment at an appropriate mental health setting within 30-days of release from jail.
- Target percentage of clients who complete an assessment that will complete a minimum of 6 mental health appointments within six months of release at a consistent mental health provider.
- Target percentage of clients to successfully complete release plan objectives (plans may be changed or updated based on the needs of the client).
- Target percentage of clients who are lost-to-care to have case finding services performed.
- Evidence of any coordinated services must be demonstrated through Memorandums of Understanding, which are to be established between the Successful Respondent and any partner within 90-days of the contract start date, to ensure successfully linkages to care.

Category B: Psychiatry Services for Uninsured Residents

The objective of Category B is to ensure that residents have access to psychiatry service and psychotropic medication regardless of insurance status or ability to pay. Category B is aimed at eliminating access barriers related to cost and service availability.

Successful respondents funded under this Category are required to provide the following services:

- Benefits and Entitlement Services. Successful respondents will be required to assess clients for insurance benefits eligibility. Respondents should provide enrollment services directly or have and be able to demonstrate solid referral linkages to agencies with such services. There should also be a consistent method for monitoring coverage sustainability and reassessing client eligibility. Lastly, respondents shall be required to maintain certification as the Medicaid Mental Health Services Provider through the State of Illinois.
- Psychiatric Assessments. Respondents are required to provide a psychiatric assessment or evaluation at the onset of the treatment process with the dual purpose of making a diagnosis and developing an individualized treatment plan. The assessment or screening must encompass social and biographical information, direct observations, data from specific psychological tests performed, and a comprehensive review of psychiatric systems.
- Face-to-Face Visits (includes office or tele-psychiatry or tele-psychology). Regular appointments minimally every six months, must occur between the client and the psychiatrist. During these visits, activities should include, but are not limited to: assessments and reassessments; medication

management and adherence counseling; administration of depot medication (when indicated); laboratory monitoring; and prescribing. Psychiatry services should be coordinated with primary care, substance abuse care, and other mental health services. (Please note: Tele-psychiatry is an approved modality for psychiatric assessment and treatment. Tele-psychiatry is defined as the *delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing*. Any respondent applying to provide tele-psychiatry must have a minimum of one-year experience providing the service either directly or through a contract with an appropriate vendor. Tele-psychiatry services must be provided in a confidential, HIPAA-compliant manner.)

- Medication Adherence and Access. Respondents shall have mechanisms to help clients obtain medications that are prescribed. For uninsured patients, the respondent must demonstrate their ability to help clients access medications. The process must assess the clients' eligibility to access medications through pharmacy assistance or patient drug assistance programs. CDPH funds must be the payer of last resort for medications.
- Inter-disciplinary Staffing. In providing comprehensive services to clients, respondents must offer services such as crisis intervention, case management and individual and/or group therapy to work in conjunction with psychotropic medication management. These activities shall be carried out utilizing a range of staffing models including registered nurses, case managers, social workers, and psychologists.
- Coordination of Primary Care and Laboratory Services. While effective, psychiatric medications have known metabolic consequences and potential for adverse effects that require ongoing monitoring. The Respondent(s) should demonstrate their ability to manage metabolic consequences of medication (including effects on weight, blood pressure, and blood glucose), as well as coordinate appropriate laboratory testing necessary to monitor adverse effects on specific organs (including thrombocytopenia, hypothyroidism, hepatitis, and renal dysfunction) and therapeutic levels of psychiatry medication being prescribed. Monitoring does not need to be performed by the Respondent(s) directly but the mental health provider is responsible for coordinating the service for the patient and making appropriate therapeutic modifications.
- Quality Management. Respondents certified by the State participate in regular quality audits, referred to as the State's Clinical Practice Review, in order to maintain certification. Selected agencies will be required to submit to CDPH annually the outcome of these audits, including quality of medication monitoring and collaboration with primary care providers. Successful Respondents will also be required to submit to CDPH corrective action plans submitted to the State of Illinois.

Allowable expenses include:

- \$150 per hour reimbursement for psychiatric treatment provided by MDs and \$100 per hour for NPs. A minimum of 75% of funding awarded must go towards the delivery of psychiatric treatment (fee for service).
- Staffing costs for case management services, up to 25% of funding award.
- Co-payments for patients who are 200% or below of the federal poverty line (Note: uninsured patients should not be charged a co-pay), up to five visits (Respondent should assist eligible clients in enrolling in insurance benefits).
- Medication co-pays for uninsured and underinsured patients.
- Client transportation costs up to 5% of the total award.

Performance Measures

Successful respondents are expected to meet the following performance measures:

- 75% of eligible clients will successfully be enrolled in insurance benefits.
- 75% of expenditures must go towards the delivery of psychiatric treatment (fee for service).
- 70% of clients will complete a minimum of two psychiatry visits (at least 30 days apart)

within a period of 180 days

- 100% of clients who have no called/no showed for two psychiatry appointments in a row and/or who have not been seen by a psychiatrist within 180 days will receive targeted outreach to re-engage and/or ensure treatment is occurring elsewhere.

Category C: Retention and Engagement Services for Vulnerable Populations

The objective of Category C is to improve the overall engagement and retention of adults with mental illnesses within mental health care. Specifically, Category C seeks to improve the engagement and retention of vulnerable populations who have mental illness including, but not limited to: (a) homeless and street-based adults; (b) adults ineligible for insurance coverage through the Affordable Care Act; (c) veterans or active military personnel; (d) adults who have been lost to care; (e) formerly incarcerated individuals; and (f) adults with co-occurring mental health and substance abuse diagnoses. Through these efforts, Category C seeks to reduce the number of hospitalizations and/or arrests of these vulnerable populations while improving their overall health and well-being.

Successful respondents funded under this Category are required to provide the following services:

- Engagement and Outreach Services. The successful respondent must have an evidence-based and/or proven homegrown method for identifying and engaging vulnerable populations with mental illnesses who are out of care. Out of care is defined as someone who is not actively engaged in mental health treatment or who has not seen their mental health provider (therapist, psychologist, psychiatrist, etc.) within the last 30 days. Sample activities may include, but are not limited to: conducting street and community outreach; establishing partnerships with area hospitals and other settings that result in real-time referrals; drop-in or milieu programs; and use of health records to identify out-of-care populations and completing outreach to re-engage these clients into mental health services.
- Linkage Services. Once client has been identified through Engagement and Outreach Services, the successful respondent must have a method for actively linking the client to ongoing mental health services. Actively linking is defined as assisting in scheduling initial appointment(s), screening the client for immediate service needs and addressing any individual or environmental barriers that may prevent the client from being able to attend the appointment (e.g., transportation or lack of childcare), and confirming that the client attended their initial appointment (which may include accompanying the client to the appointment).
- Case Management and Retention in Care. After an eligible client has completed their initial appointment, a successful respondent must ensure that the client is retained in mental health services for a minimum of 90 days. Retained is defined as a client completing 80% of their scheduled mental health appointments and complying with the agreed upon treatment plan which may include the consistent taking of prescribed medication. The respondent must be able to accept referrals from the client's ongoing mental health provider at any point after care has been established and the client begins to fall out of care by not regularly attending appointments. If this arises, the client must be re-engaged and support should be continued until the client becomes actively engaged in care. Respondents must be able to address environmental factors that may prevent a client from actively being engaged. These factors can include, but are not limited to: housing, transportation, financial stability, insurance status, child care, or the lack of other basic needs being met.

Allowable expenses include:

- Staffing costs for case management services.

- Co-payments for patients who are 200% or below of the federal poverty line (Note: uninsured patients should not be charged a co-pay), up to five visits (Respondent should assist eligible clients in enrolling in insurance benefits. Services can be provided internally or externally).
- Medication co-pays for uninsured and underinsured patients.
- No more than 10% (or other %) of direct expenses may be for basic need services, including transportation and temporary housing (Note: clients at risk for homelessness should also be linked with permanent or long-term housing solutions).

Performance Measures

Successful respondents are expected to meet the following performance measures:

- A minimum of 1,000 vulnerable residents (as identified on p. 9 under Category C) must be reached through engagement and outreach services.
- 65% of potential clients will be successfully linked to mental health services, meaning that they have completed a minimum of one mental health appointment,
- Target percentage of clients will be screened for immediate service needs, such as housing, food, transportation, etc.
- Target percentage of clients to receive an individualized service plan based on the level of need for support services.
- Target percentage of clients to successfully complete release plan objectives (plans may be changed or updated based on the needs of the client).
- 70% of clients who are successfully linked to mental health services will complete a minimum of 3 mental health appointments within a period of 90 days and will be considered retained in care.
- 90% of clients who are retained in care will either be engaged in mental health care (a minimum of one mental health appointment a month) for 12 months in a row OR have successfully completed their treatment plan and have been properly discharged from care.
- Target percentage of eligible clients to successfully be enrolled in insurance benefits.

VIII. Instructions for Completing an Application

This section provides information on application requirements and submission guidelines. Each application must be complete, concise, and all narrative responses should be self-explanatory. Only documents requested in this RFP or directly related to the RFP should be submitted. Any unsolicited material submitted with an application will not be considered for review.

A. Intent to Apply

All Respondents are strongly encouraged to complete an “Intent to Apply” form (see Appendix A) and submit it to Tiosha Goss at Tiosha.Goss@cityofchicago.org by February 3, 2015.

B. Application Guidelines

This section provides information on application requirements and submission guidelines. Follow these instructions and outline when preparing and submitting an application. All applications must be submitted electronically Use the Application Checklist in Appendix E to ensure that your application is complete.

Note: Respondents are required to execute the Economic Disclosure Statement annually through the City's on-line EDS system. Its completion will be required for those Respondents who are awarded contracts as part

of the contracting process. Attached is the link:

<https://webapps.cityofchicago.org/EDSWeb/appmanager/OnlineEDS/desktop>

Required Documentation

- Internal Revenue Service determination letter.
- Copy of Respondent's Articles of Incorporation.
- Copy of the Respondent's most recent financial statement.
- If Respondent received \$500,000 or more in federal funds during 2014 year, submit a copy of an audit conducted in accordance with OMB Circular A-133.
- Copy of the completed City of Chicago Economic Disclosure Statement.
- List of Board of Directors (must include place of employment for each), as applicable.
- Proof of insurance.

C. Application Questions

All respondents are required to complete the following sections in the [City's online grants system](#): Agency Information, Project Overview, Agency Experience & Cultural Competence, Project Description, Data Collection, Reporting, & Evaluation, Staffing Plan, Project Sustainability, Work Program, and Budget & Justification, and Statement of Assurances sections. If respondents are subcontracting with partner agencies to deliver services for proposed programs, the Subcontracts section must also be completed.

Please note: the questions listed below are representative of the final online application and are intended to serve as a guide for your application. PLEASE DO NOT SUBMIT ANY PAPER COPIES OF YOUR PROPOSAL. Only applications submitted through the [online system](#) will be accepted.

Respondents applying to provide services in more than one Category must submit a separate and complete proposal for each category.

Project Abstract

The Project Abstract provides a brief description of the proposed project.

- Describe the proposed project for which funds are being requested.
- Describe the proposed geographic area.
- Explain whether the project is a new project or continuation of current efforts.
- If respondent is already providing similar services with other funding sources, or anticipates to do so during the funding period, indicate how the proposed activities increase or expand the current scope of services.
- Describe the project's measurable and expected outcomes.
- Describe any collaborations or partnerships – including any subcontracts – that will facilitate implementation of the proposed project.
- Indicate the program Category for the proposal.
- Indicate all program categories applying for and provide a brief description of how services from the separate categories may be coordinated.

Agency Experience & Cultural and Linguistic Competence

Cultural competence describes the ability of organizations and individuals to provide service to clients with

diverse values, beliefs and behaviors, including tailoring service delivery to meet clients' social, cultural and linguistic needs. Cultural competence is a vehicle to increase access to quality service for all target populations, address disparities in health care, and a strategy to attract and retain clients. Address the following points to describe Respondent's ability to provide culturally competent service.

- Respondent's history and experience including proof agency has at least three years of experience providing community mental health services
- Respondent's history and experience providing case management and/or linkage to and retention in care services to vulnerable populations
- Describe Respondent's efforts to integrate the values, attitudes and beliefs of the community your proposal targets into its community mental health services
- Describe the involvement of community members, particularly those from the proposed target population, in the governance, staffing and consumer advisory groups in your organization.
- Describe how frontline staff, management and the Board of Directors are reflective of the target population you serve.

D. Project Description – Respondents are required to answer questions based on the Program Category.

CATEGORY A: ENGAGEMENT SERVICES FOR ADULTS WITH MENTAL ILLNESS BEING RELEASED FROM JAIL

1. Target Populations

- a. Describe what unique barriers or challenges the population(s) experience that may impede their engagement in mental health services.
- b. Describe Respondent's experience serving the target population(s).
- c. Describe Respondent's experience collaborating with Cook County Jail to provide services to the target population(s). If applicable, attach any evidence of current or past formal partnerships with Cook County Jail, i.e., MOUs, MOAs, etc.
- d. Describe any barriers the Respondent anticipates in serving the target population(s) and how the Respondent plans to overcome these challenges.

2. Program Design

- a. Describe the basis for your program's design, including any research or best practices used by Respondent to develop the design
- b. Describe the intervention to be provided, including what specific activities you will conduct in order to perform the required services.
 - i. Describe your staffing pattern and collaborations that will allow you to achieve 100% of Chicago residents with mental health diagnoses receiving discharge planning.
 - ii. Describe what activities will occur during the discharge process.
 - iii. Describe your network of mental health providers that you will refer eligible clients to for ongoing mental health services once discharged.
 - iv. Describe how you will link the client to mental health services and how you will confirm that he/she attended the initial appointment(s).
 - v. Describe what ongoing contact you will have with the client to ensure that he/she has successfully completed his/her appointment(s).
 - vi. Describe how you will screen each client for service needs (e.g. housing, food, benefits advocacy, transportation, etc.) and other environmental factors that may be preventing a client from engaging in ongoing mental health treatment and ensure all service needs are met.
 - vii. Describe how you will ensure each client receives an individualized release plan tailored to his/her specific mental health treatment and social service needs.
 - viii. Describe how you will collaborate with other mental health and social service providers to

ensure immediate needs of clients are met, including how you will follow up appropriately with the client and/or a referral partner agency to ensure the plan to mitigate any barriers is being implemented, i.e., housing, transportation, childcare, etc.

- c. Describe what desired quantifiable outcomes you anticipate achieving through the delivery of the intervention.

CATEGORY B: PSYCHIATRY SERVICES FOR UNINSURED RESIDENTS

1. Target Population

- a. Describe your target population(s) and your rationale for selecting the population(s).
- b. Describe in which Chicago neighborhood(s) you will be serving the target population(s).
- c. Describe what unique barriers or challenges the population(s) experience that may impede their engagement in mental health services.
- d. Describe your agency's experience serving the target population(s).
- e. Describe any barriers you anticipate in serving the target population(s) and how you plan to overcome these challenges.
- f. Describe how you will ensure that members of the target population(s) are eligible for services.

2. Program Design

- a. Describe the basis for your program's design, including any research or best practices used by your agency to develop the design.
- b. Describe the intervention to be provided, including what specific activities you will conduct in order to perform the required services.
 - i. Describe your engagement and outreach activities, including specific methods and proposed schedule.
 - ii. Describe your network of mental health providers that you will refer eligible clients to for ongoing mental health services.
 - iii. Describe how you will monitor and track appointment scheduling and adherence.
 - iv. Describe what ongoing contact you will have with the client to ensure that he/she is successfully retained in care.
 - v. Describe how you will address environmental factors that may be preventing a client from engaging in ongoing mental health treatment and how you will follow up appropriately with the client and/or a referral partner agency to ensure the plan to mitigate any barriers is being implemented, i.e., housing, transportation, childcare, etc.
- c. Describe what desired quantifiable outcomes to you anticipate achieving through the delivery of psychiatric and psychotropic medication services.

CATEGORY C: RETENTION AND ENGAGEMENT SERVICES FOR VULNERABLE POPULATIONS

1. Target Populations

- a. Describe your target population(s) for retention and engagement services and your rationale for selecting the population(s)
- b. Describe in which Chicago neighborhood(s) you will be serving the target population(s)
- c. Describe what unique barriers or challenges the population(s) experience that may impede their engagement in mental health services
- d. Describe your agency's experience serving the target population(s)
- e. Describe any barriers you anticipate in serving the target population(s) and how you plan to overcome these challenges
- f. Describe how you will ensure that members of the target population(s) are eligible for services

2. Program Design

- a. Describe the basis for your program's design, including any research or best practices used by your agency to develop the design
- b. Describe the intervention to be provided, including what specific activities you will conduct in order to perform the required services.
 - i. Describe your engagement and outreach activities, including specific methods and proposed schedule
 - ii. Describe your network of mental health providers that you will refer eligible clients to for ongoing mental health services
 - iii. Describe how you will link the client to mental health services and how you will confirm that he/she attended the initial appointment(s)
 - iv. Describe what ongoing contact you will have with the client to ensure that he/she is successfully retained in care
 - v. Describe how you will screen each client for service needs (e.g. housing, food, benefits advocacy, transportation, etc.) and other environmental factors that may be preventing a client from engaging in ongoing mental health treatment and ensure all service needs are met.
 - vi. Describe how you will ensure each client receives an individualized service plan tailored to his/her specific mental health treatment and social service needs.
 - vii. Describe how you will collaborate with other mental health and social service providers to ensure immediate needs of clients are met, including how you will follow up appropriately with the client and/or a referral partner agency to ensure the plan to mitigate any barriers is being implemented, i.e., housing, transportation, childcare, etc.
- c. Describe what desired quantifiable outcomes you anticipate achieving through the delivery of the intervention.

E. THE REMAINING QUESTIONS APPLY TO ALL CATEGORIES.

Data Collection, Reporting & Evaluation

Based on the logic model and work plan submitted, provide additional detail about your evaluation and data collection activities, including:

- a. Describe how the project will measure and report on the proposed performance measures.
- b. Describe how data will be collected, entered, and analyzed.
- c. Describe how client level data will be protected, including what releases or agreements your agency will establish with external collaborators.
- d. Describe how your performance measures will be used for continuous program/quality improvement.
- e. Describe organization's capacity (staff, data systems, procedures and policies) for performing data collection, program monitoring and evaluation.
- f. Describe previous experience conducting monitoring and evaluation for this project or a similar project.

Staffing

- a. Describe the staffing plan for the program, including qualifications and characteristics of the staff who will be responsible for retention and engagement activities.
- b. Describe the training and supervision that the staff performing these activities will receive.
- c. Describe what other funding sources besides dollars made available through this RFP will be used to support personnel costs for this program.

Sub-Contractors (if applicable)

- a. If you are proposing having any sub-contractors, please state the names of all partnering organizations, the dollar amounts they will receive, and their role within the program.

- b. Describe previous collaborations that included these partners and the outcome of those projects.
- c. Describe how these sub-contractors were selected.
- d. Describe how the lead agency will monitor the programmatic and fiscal performance of the sub-contractors.

Sustainability

- a. Describe what other funding sources will support the implementation of Respondent's proposed program.
- b. Describe your ability to bill Medicaid, Medicare, or other insurance plans for services provided through the proposed program.
- c. Describe your ability to assist clients in enrolling for public or private insurance.
- d. Describe how you will sustain programs and services after the contract concludes.

Budget

- a. Describe Respondent's fiscal capacity, ability to manage the proposed project, and experience managing a project similar in size
- b. All contracts will be paid on a reimbursement basis. Describe Respondent's demonstrated capacity to operate on a reimbursement basis.
- c. Describe if project is planning to subcontract with partner organizations
 - i. If yes, describe experience subcontracting funds with other organizations and how you ensure fiscal compliance.
 - ii. If yes, indicate percentage of budget that will be subcontracted
- d. Indicate cost per person served.

Logic Model & Work Plan

- a. Complete Logic Model
- b. Complete Work Plan

IX. Budget Instructions

This section provides the format for the required 9-month item budget explaining how each line item will be expended. Budget forms are provided in Appendix D for reference. Please complete the required budget forms provided in the online application (see Submission Guidelines, Section XI, p. 14). Respondents may request funds through this RFP to support the following costs:

- Personnel salaries
- Fringe Benefits
- Operating Costs
- Professional/Technical Costs
- Materials and Supplies
- Equipment
- Transportation and Travel Expense
- Administrative Expenses

A description of each expense category is presented below.

Personnel: For these costs, provide the following information: the name of the employee and job title, number of positions, monthly salary, the percent of time to be charged to this project, the amount of the grant share, other share, in-kind share, and the total cost. Provide a brief budget justification explaining the duties

of each employee assigned to the project. If the respondent has not yet identified individuals to fill salaried positions, indicate that these individuals are yet to be hired (TBH). Please see Appendix E for a sample personnel budget.

Fringe Benefits: For these costs, provide the following information: the amount of fringe benefits requested (which should also include the percentage rate for FICA); medical insurance; including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; and, vacation and sick pay benefits, etc. Please include elements that are included in the fringe benefit amount. Fringe benefits must be based on the respondent's established personnel policies. Show all calculations (formula used to determine final cost). Note: If a fringe benefit is not listed, you cannot be reimbursed for it.

Operating Costs: Respondent must delineate expenditures for items related to any programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, insurance premiums, dues, subscriptions, memberships, messenger services, facility maintenance, technical meeting costs and postage).

Note: Agencies funded through this RFP will be required to comply with various insurance specifications established by the City of Chicago: these include workers' compensation, auto liability, commercial liability and professional liability. These requirements also apply to all subcontractors and consultants.

Professional/Technical Costs: List and justify all fees to be paid to consultants and subcontractors, noting the number of hours to be devoted to the project and specific responsibilities. Consultant fees will be allowed on a limited basis only, and should not to be used in place of staff support. This category may include subcontractual services that facilitate program delivery, as well as services that increase client access or to assess client satisfaction. However, regardless of the function, the consultant must not have been a member of the respondent's Board of Directors during the 12-month period preceding the date of the respondent's request for funding. Additionally, the consultant may not serve as a Board member during the 12-month period following the completion of the funded project period.

Note: The City of Chicago will require all successful respondents to identify any consultants and subcontractors that will be part of the proposed program. If they are not yet been identified indicate that in the budget and budget justification. They must be identified and pre-approved by the project officer before they begin any services to be funded through this proposal.

Materials and Supplies: Itemize and justify programmatic materials, include office supplies that will be used by program staff in service delivery.

Equipment: Itemize and justify programmatic equipment (e.g., desks, chairs, computers, file cabinets) for \$5,000 or less and normal life expectancy of one year.

Note: CDPH must approve and catalogue all equipment purchases of \$5,000 or greater.

Transportation and Travel Expenses: Funding for transportation should be requested only as appropriate for program needs. Program-specific transportation expenses may include transit passes, vouchers, or expenses incurred in operating agency-leased/owned vehicles.

Local Travel: Delineate amounts for public transportation and mileage reimbursement at the rate established in the agency's policies. If the agency does not have a mileage reimbursement rate established, use the current federal rate available at <http://www.gsa.gov/mileage>. Include here the expenses to operate agency-

owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an agency employee would like to request reimbursement for mileage, then the City of Chicago must be listed as an additional insured.

Administrative Expenses: Administrative expenses of up to 10% of direct costs are allowable. A separate administrative budget, including justification, must be submitted with the application. The respondent must provide a brief narrative justification for the amount requested. Example of administrative and indirect costs include; rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting and audit expenses. Administrative costs may also include partial salaries of administrative staff (e.g. executive director or office manager). Providers must retain records of the expenses actually charged against any contract that is awarded as a result of the RFP. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to sub-contract with a third-party agent.

X. Application Checklist

The Application Checklist should be used to ensure that the application is complete. Proposals that do not contain each of the items indicated in the checklist will be considered incomplete and will not be reviewed.

XI. Submission Guidelines

Failure to follow any of the instructions related to content may result in the application being eliminated from consideration. Other than late delivery, the most common reasons that proposals are rejected include: missing sections of the application, and failure to include requested documents.

It is the responsibility of the respondent to ensure submission of the proposal to CDPH by the designated deadline. All proposals must be submitted electronically through the City's online grants system, available at : www.cityofchicago.org/fundingopportunities or http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=5130&x_quiz_id=6594&x_order_by=1.

All programmatic questions regarding this RFP (i.e., objectives, review criteria, work plan, budget components, etc.), and assistance with the application guidelines should be referred to:

Tiosha Goss
Clinical Services Division
Chicago Department of Public Health
Telephone: 312-747-8841
Email: Tiosha.Goss@cityofchicago.org

The application must be received by **5:00 p.m. Central Standard Time on February 18, 2015**.
PROPOSALS SUBMITTED AFTER THE DEADLINE WILL BE ACCEPTED, BUT MAY NOT BE SCORED

A. Format Instructions

For detailed instructions on registering for and submitting an application through the City's online grants system, please follow this link:

B. Required Documentation

Please submit the following as attachments in the completed application. Clearly mark each as separate appendices.

- Internal Revenue Service 501 c (3) tax exempt determination letter, if applicable.
- Copy of respondent's Articles of Incorporation.
- Copy of the respondent's most recent financial statement and the most recent audit including A-133, if applicable.
- Board of Directors List (must include place of employment for each member).
- Proof of Insurance

XII. Evaluation of Proposals

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the City to be incomplete may not be considered for funding. The City reserves the right to waive irregularities that it, within its sole discretion, determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived, and these proposals will be considered complete. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed below. The Review Panel forwards its recommendations and comments to the Commissioner of Chicago Department of Public Health for final approval. Past contractual performance and recent audit findings of an organization may also be considered for respondents that have previously received funding. All respondent will be notified of the results in writing.

Evaluation Criteria:

- ☐ Respondent's cultural and linguistic competence
- ☐ Respondent's experience providing the proposed services and prior outcomes achieved
- ☐ Respondent's justification of target population and demonstrated understanding of population(s) needs
- ☐ Respondent's description of the proposed project and soundness of proposed plan to conduct all required program components as described within each Category.
- ☐ Respondent's rationale for program design, including evidence base for program and proposed interventions
- ☐ Respondent's proposed staffing plan and staff experience operating the program or providing similar services
- ☐ Respondent's proposed plans for program sustainability so that key program components can continue in the future without grant funding
- ☐ Respondent's described capacity for evaluation and quality management.
- ☐ Documented coordination and collaboration with other providers. When establishing service agreements/MOU's, the respondent should consider 1) the proximity of the provider to the respondent's service area, 2) the provider's capacity and history to serve the target population, 3) payment requirements for services rendered, 4) types of services available for clients with mental illness to access
- ☐ Soundness of proposed budget, cost effectiveness

- ☐ Respondent's financial capacity and stability to manage a program of the size and scope contemplated

The City of Chicago reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution and service provision to identified target and priority populations. If an insufficient number of qualified proposals are submitted in any particular service category, the City reserves the right to directly solicit and select appropriate community-based providers to fill the gaps.

XIII. Reporting and Other Requirements for Successful Respondents

All successful respondents will be required to submit quarterly program reports, voucher on a monthly basis, and participate in all CDPH-sponsored site visits, evaluation and quality assurance activities.

XIV. Compliance with Laws, Statutes, Ordinances and Executive Orders

Grant awards will not be final until the City and the respondent have fully negotiated and executed a grant agreement. All payments under grant agreements are subject to annual appropriation and availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of a grant agreement. As a condition of a grant award, respondents must comply with the following and with each provision of the grant agreement:

1. Conflict of Interest Clause: No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement.

The respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct, or indirect, in the project to which the grant agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the grant agreement no person having any such interest shall be employed.

2. Governmental Ethics Ordinance, Chapter 2-156: All respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the respondent that he/she has not procured the grant agreement in violation of this order; and b) a provision that any grant agreement which the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.
3. Selected respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.
4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "**Municipal Code**") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council

committee hearing or in any City Council meeting or to vote on any matter involving the person with whom an elected official has a business relationship. **Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement.** The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

Section 2-156-080 defines a “business relationship” as any contractual or other private business dealing of an official, or his or her spouse or domestic partner, or of any entity in which an official or his or her spouse or domestic partner has a financial interest, with a person or entity which entitles an official to compensation or payment in the amount of \$2,500 or more in a calendar year; provided, however, a financial interest shall not include: (i) any ownership through purchase at fair market value or inheritance of less than one percent of the share of a corporation, or any corporate subsidiary, parent or affiliate thereof, regardless of the value of or dividends on such shares, if such shares are registered on a securities exchange pursuant to the Securities Exchange Act of 1934, as amended; (ii) the authorized compensation paid to an official or employee for his office or employment; (iii) any economic benefit provided equally to all residents of the City; (iv) a time or demand deposit in a financial institution; or (v) an endowment or insurance policy or annuity contract purchased from an insurance company. A “contractual or other private business dealing” shall not include any employment relationship of an official’s spouse or domestic partner with an entity when such spouse or domestic partner has no discretion concerning or input relating to the relationship between that entity and the City.

5. Compliance with Federal, State of Illinois and City of Chicago regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the Municipal Code); the State of Illinois - Certification Affidavit Statute (Illinois Criminal Code); State Tax Delinquencies (65ILCS 5/11-42.1-1); Governmental Ethics Ordinance (Chapter 2-156 of the Municipal Code); Office of the Inspector General Ordinance (Chapter 2-56 of the Municipal Code); Child Support Arrearage Ordinance (Section 2-92-380 of the Municipal Code); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).
6. If selected for grant award, respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.
7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("**Sub-owners**") and spouses and domestic partners of such Sub-owners (you and all the other preceding classes of persons and entities are together, the "**Identified Parties**"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "**Mayor**") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.

You represent and warrant that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached you or the date you approached the City, as applicable, regarding the formulation of the grant agreement, no Identified Parties have

made a contribution of any amount to the Mayor or to his political fundraising committee.

You shall not: (a) coerce, compel or intimidate your employees to make a contribution of any amount to the Mayor or to the Mayor's political fundraising committee; (b) reimburse your employees for a contribution of any amount made to the Mayor or to the Mayor's political fundraising committee; or (c) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

The Identified Parties must not engage in any conduct whatsoever designed to intentionally violate this provision or Mayoral Executive Order No. 2011-4 or to entice, direct or solicit others to intentionally violate this provision or Mayoral Executive Order No. 2011-4.

Violation of, non-compliance with, misrepresentation with respect to, or breach of any covenant or warranty under this provision or violation of Mayoral Executive Order No. 2011-4 constitutes a breach and default under the grant agreement, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under the grant agreement, under any Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If you violate this provision or Mayoral Executive Order No. 2011-4 prior to award of the Agreement resulting from this specification, the Commissioner may reject your bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between you and the City that is (i) formed under the authority of Municipal Code Ch. 2-92; (ii) for the purchase, sale or lease of real or personal property; or (iii) for materials, supplies, equipment or services which are approved and/or authorized by the City Council.

"Contribution" means a "political contribution" as defined in Municipal Code Ch. 2-156, as amended.

"Political fundraising committee" means a "political fundraising committee" as defined in Municipal Code Ch. 2-156, as amended.

8. (a) The City is subject to the June 24, 2011 "City of Chicago Hiring Plan" (the "2011 City Hiring Plan") entered in *Shakman v. Democratic Organization of Cook County*, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the 2011 City Hiring Plan prohibits the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.
- (b) You are aware that City policy prohibits City employees from directing any individual to apply for a position with you, either as an employee or as a subcontractor, and from directing you to hire an individual as an employee or as a subcontractor. Accordingly, you must follow your own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by you under the grant agreement are employees or subcontractors of you, not employees of the City of Chicago. The grant agreement is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by you.

(c) You will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under the grant agreement, or offer employment to any individual to provide services under the grant agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of the grant agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.

(d) In the event of any communication to you by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, you will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General ("IGO Hiring Oversight"), and also to the head of the Department. You will also cooperate with any inquiries by IGO Hiring Oversight related to this Agreement.

City of Chicago Department of Public Health
Request for Proposals (RFP) for Mental Health Community Services RFP # DA-41-1005-1-2015-001
Appendix A Intent to Apply

Organizations interested in applying for funding under this RFP are asked to complete and submit this form by **4:00 p.m., February 3, 2015**. The form must be e-mailed to:

Tiosha Goss, Chicago Department of Public Health, Email: Tiosha.Goss@cityofchicago.org

Organization Name: _____

Address: _____

Executive Director: _____ Contact Person: _____

Email Address: _____

Category/Categories intending to apply for:

_____ A: Engagement Services for Adults with Mental Illness being Released from Jail

_____ B: Psychiatry Services for Uninsured Residents

_____ C: Retention and Engagement Services for Vulnerable Populations

Appendix B

Program Work Plan
 City of Chicago
 Department of Public Health, Clinical Services Division
Mental Health Community Services RFP # DA-41-1005-1-2015-001
(If additional space is needed, this page can be copied)

SCOPES OF SERVICES <i>What are we going to do? (include all key activities based on program category requirements)</i>	RESOURCES <i>Who will do this? What are the inputs?</i>	ACTIVITIES <i>How are we going to do this?</i>	TIMELINE <i>Include start and end dates, specified to the day and month.</i>	OUTCOMES <i>What are the project's goals?</i>
Example 1:				•

Appendix C Logic Model

Inputs	Outputs		Outcomes -- Impact		
	<i>Activities</i>	<i>Participation</i>	<u>Short</u>	<u>Medium</u>	<u>Long</u>
Assumptions			External Factors		

City of Chicago
Request for Proposals (RFP)
For
Mental Health Community Services
RFP # DA-41-1005-1-2015-001
Appendix D

Budget Forms

Budget Summary

FORM 1

A. Delegate Agency: _____	F. Supplier/Site #: _____
B. Program Name: _____	G. PO #: _____
C. Department: _____	H. Release #: _____
D. Contract Term: _____	I. Funding Strip: _____
E. 2015 Allocation: _____	J. CFDA #: _____
	Agency Phone Number _____
	Email Address _____

K. Program Budget Summary for Year: _____

Note: The entire budget for this program must be shown.

(1) Item of Expenditure	(2) Account #	(3) Grant Share	(4) Other Share	(5) Total
Personnel	0005	\$0	\$0	\$0
Fringe Benefits	0044	\$0	\$0	\$0
Operating/Technical	0100	\$0	\$0	\$0
Professional & Technical Services	0140	\$0	\$0	\$0
Travel	0200	\$0	\$0	\$0
Materials & Supplies	0300	\$0	\$0	\$0
Equipment	0400	\$0	\$0	\$0
Indirect ____%	0801	\$0	\$0	\$0
Other – Specify	0999	\$0	\$0	\$0
Other – Specify	0999	\$0	\$0	\$0
Other – Specify	0999	\$0	\$0	\$0
Other – Specify	0999	\$0	\$0	\$0
TOTALS		\$0	\$0	\$0

*** ALL COLUMNS/ROWS MUST BALANCE***

L. Percentage of total project costs paid by Other Share: ____%

M. Delegate	Authorization	N. City Authorization
Signature of Delegate Official/Date	Signature of Delegate Official/Date	Signature of Department /Date
Name (Type or Print)	Name (Type or Print)	Name (Type or Print)
Title (Type or Print)	Title (Type or Print)	Title (Type or Print)

Personnel Budget

FORM 2

A. Delegate Agency: _____

C. Program Name: _____

B. Department: _____

D. Federal Employer Identification #: _____

E. Personnel Budget Allocation for: _____

(1) Position Title	(2) No.	(3) Rate (\$)	(4) Number of Pay Periods	(5) % Time Spent on Project	(6) Grant Share	(7) Other Share	(8) Total Cost	(9) Job Responsibilities
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
(10) TOTAL	0			0.00%	\$0	\$0	\$0	Totals must match Form 1 Acct #0005

*** ALL COLUMNS/ROWS MUST BALANCE***

F. Fringe Benefits and Total Personnel Costs

Item	Grant Share	Other Share	Total Cost	Calculations
11a. Social Security	\$0	\$0	\$0	= .0620 x Line 10
11b. Medicare	\$0	\$0	\$0	= .0145 x Line 10
12. State Unemployment Insurance	\$0	\$0	\$0	
13. State Workers Compensation	\$0	\$0	\$0	
14. Other (Please List)	\$0	\$0	\$0	
15. Other (Please List)	\$0	\$0	\$0	
16. Total Fringe Benefits (Lines 11-15)	\$0	\$0	\$0	Totals must match Form 1 Acct #0044
17. Total Personnel Costs (Line 10 Plus Line 16)	\$0	\$0	\$0	

Non-Personnel Budget

FORM 3

A. Delegate Agency: _____

B. Department: _____

C. Program Name: _____

D. Federal Employer Identification #: _____

E. Personnel Budget Allocation for: _____

*** ALL COLUMNS/ROWS MUST BALANCE***

(1) Item of Expenditure	(2) Acct #	(3) Grant Share	(4) Other Share	(5) Total Cost	(6) Description and Justification for City Share and Total Cost
Operating/Technical	0100	\$0	\$0	\$0	
Professional & Technical Services	0140	\$0	\$0	\$0	
Travel	0200	\$0	\$0	\$0	
Materials & Supplies	0300	\$0	\$0	\$0	
Equipment	0400	\$0	\$0	\$0	
Indirect ____%	0801	\$0	\$0	\$0	
Other – Specify	0999	\$0	\$0	\$0	
Other – Specify	0999	\$0	\$0	\$0	
Other – Specify	0999	\$0	\$0	\$0	
(7) TOTALS		\$0	\$0	\$0	Totals must match Form 1 Non-Personnel Accounts

Appendix E

Application Checklist
City of Chicago
Department of Public Health
Mental Health Community Services RFP # DA-41-1005-1-2015-001

The application checklist should be used as a guide to ensure that the application is complete. Proposals that do not contain each of the items below will be considered incomplete and will not be reviewed.

Cyber Grants

- ☐ Agency Information
- ☐ Project Overview
- ☐ Agency Experience & Cultural Capacity
- ☐ Project Description, based on Service Category
- ☐ Data Collection, Reporting and Evaluation
- ☐ Staffing Plan
- ☐ Subcontracts, if applicable
- ☐ Program Work Plan
- ☐ Program Logic Model
- ☐ Budget Justification
- ☐ Budget Forms

Required Documentation

- ☐ Internal Revenue Service determination letter
- ☐ Copy of Articles of Incorporation
- ☐ Copy of the most recent Financial Statement and OMB Circular A-133 Audit (if applicable)
- ☐ Board of Directors List (Must include place of employment)
- ☐ Proof of Insurance
- ☐ Proof of Medicaid Mental Health Services Provider Status

Other Documentation if Applicable

- ☐ Memoranda of Agreement/MOU